



# Utility Company Right-Of-Way Encroachment Permit Application Form

**Inspection & Approval Is Required Before Cutting Pavement**

Work Order # : \_\_\_\_\_

Quarter Section #: \_\_\_\_\_

Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Applicant Contact: \_\_\_\_\_ Job Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

☐ Utility provided trench

☐ Developer/other provided trench

☐ Joint trench

Estimated work dates: Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

Location: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name of contractor that has Certificate of Insurance on file with us: \_\_\_\_\_

*(Insurance is required before permit will be issued )*

\_\_\_\_\_ Lane closures on PRIMARY ROADS require a transportation mgmt. plan submittal

\_\_\_\_\_ Lane closures to be done from 9:00am to 4:00pm only, unless prior clearance is obtained

Total linear feet of utilities to be installed within: Right-of-way: \_\_\_\_\_ linear feet

Easement: \_\_\_\_\_ linear feet

Total linear feet of street cut: Longitudinal: \_\_\_\_\_ linear feet

Transverse: \_\_\_\_\_ linear feet

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Official Use Only:**

Staff Signature: \_\_\_\_\_ Request: ☐ Approved ☐ Denied Date: \_\_\_\_\_

Overlay Fee: \_\_\_\_\_ Permit Number: \_\_\_\_\_

## Inspection & Land Survey Services

9191 East San Salvador, Scottsdale, AZ 85258 • Phone: 480-312-5750 • Fax: 480-312-5704